

Guidelines for School Health Programs to Prevent Tobacco Use: Summary

Centers for Disease Control and Prevention/Division of Adolescent and School Health

Each day, more than 4,000 young people across the United States try their first cigarette.¹ Most start this deadly habit not fully understanding that nicotine in tobacco is as addictive as heroin, cocaine, or alcohol. Most also underestimate the health consequences, even though tobacco use is the leading cause of preventable death in the United States. School programs to prevent tobacco use among young people can make a major contribution to the health of the nation, particularly when these programs are combined with community efforts.

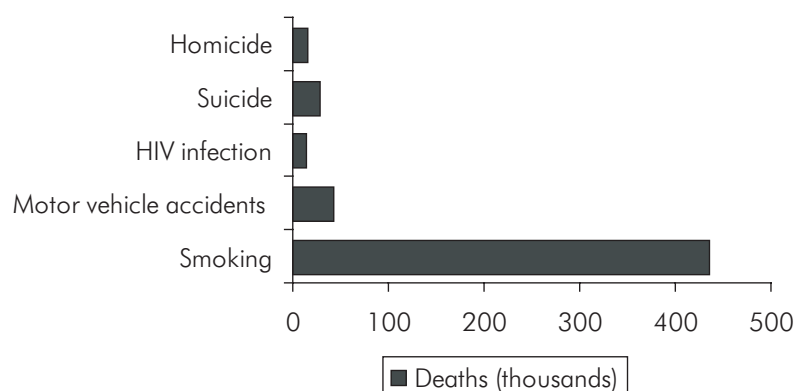
Benefits of Preventing Tobacco Use Among Young People

- Helps prevent long-term health problems and premature death.
- Promotes optimal health and decreases school days missed because of respiratory illnesses.
- Dramatically decreases the likelihood that a young person will be a regular tobacco user as an adult.
- Tobacco use causes more premature deaths in the United States than any other preventable risk.

Consequences of Tobacco Use

- If current patterns of smoking behaviors continue, an estimated 6.4 million of today's children can be expected to die prematurely from smoking-related illnesses.²
- Cigarette smoking causes heart disease; stroke; chronic lung disease; and cancers of the lung, mouth, pharynx, esophagus, and bladder.³
- Cigarette smoking increases coughs, shortness of breath, and respiratory illnesses; decreases physical fitness; and adversely affects blood cholesterol levels.³
- Smokeless tobacco is not a safe alternative to cigarettes. Using it causes cancers of the mouth, pharynx, and esophagus; gum recession; and an increased risk for heart disease and stroke.³
- Smoking cigars increases the risk of oral, laryngeal, esophageal, and lung cancers.⁴
- Second-hand tobacco smoke can cause respiratory illness and lung cancer⁵ and can trigger asthma attacks.⁶
- Tobacco use causes stained teeth, bad breath, and foul-smelling hair and clothes.⁴
- Secondhand smoke puts children in danger of developing severe respiratory diseases and can hinder the growth of their lungs. Exposure to secondhand smoke as a child or adolescent may increase the risk of developing lung cancer as an adult.⁵

Deaths from Smoking and Selected Other Causes, United States — 2000^{6,7}



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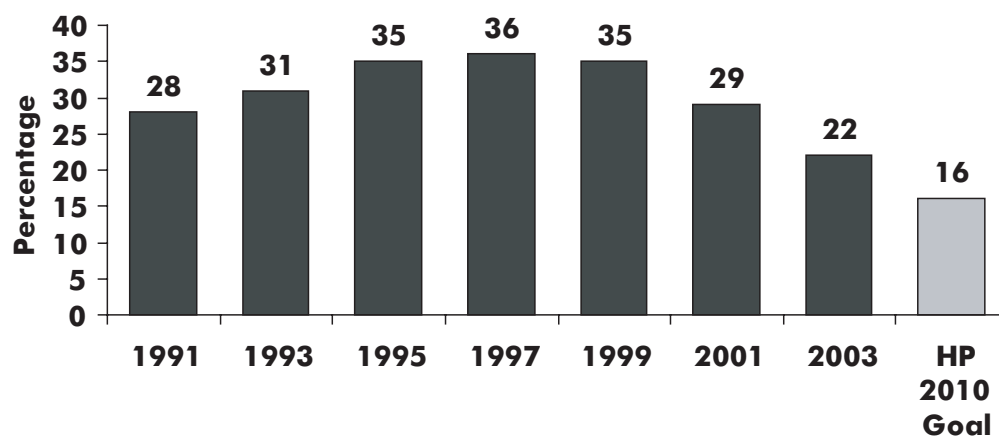


Tobacco Use By Teens

- Although the percentage of high school students who smoke cigarettes has declined in recent years, rates remain high: 22% of high school students were current smokers in 2003, compared with 29% in 2001, 35% in 1995, and 28% in 1991.⁸
- Of high school students, 58% have ever tried cigarettes (even one or two puffs).⁸
- Eighteen percent of high school students have smoked a whole cigarette before the age of 13.⁸
- Seven percent of high school students use smokeless tobacco (snuff or chew), and rates among male students (11%) are higher than those of female students (2%).⁸
- Fifteen percent of students have smoked cigars, cigarillos, or little cigars in the past month.⁸
- The younger people begin smoking cigarettes, the more likely they are to become strongly addicted to nicotine.³
- Young people who try to quit suffer the same nicotine withdrawal symptoms as adults who try to quit.³
- Of high school students who are current smokers, 54% have tried to quit in the past 12 months.⁹



High School Students Who Reported Current Cigarette Smoking*—United States, 1991-2003⁸



* Smoking one or more cigarettes during the previous 30 days.

The Opportunity

Well-designed, well-implemented school programs to prevent tobacco use and addiction:

- Have proved effective in preventing tobacco use.
- Provide prevention education during the years when the risk of becoming addicted to tobacco is greatest.
- Provide a tobacco-free environment that establishes nonuse of tobacco as a norm and offers opportunities for positive role modeling.
- Can help prevent the use of other drugs, especially if the program addresses the use of these substances.

CDC's Guidelines for School Health Programs

CDC's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction were designed to help achieve national health and education goals. They were developed in collaboration with experts from 29 national, federal, and voluntary agencies and are based on an extensive review of research and practice.

Key Principles

School programs to prevent tobacco use and addiction will be most effective if they:

- Prohibit tobacco use at all school facilities and events.
- Encourage and help students and staff to quit using tobacco.
- Provide developmentally appropriate instruction in grades K–12 that addresses the social and psychological causes of tobacco use.
- Are part of a coordinated school health program through which teachers, students, families, administrators, and community leaders deliver consistent messages about tobacco use.
- Are reinforced by communitywide efforts to prevent tobacco use and addiction.

Recommendations

The guidelines include seven recommendations for ensuring a quality school program to prevent tobacco use.

1 Policy

Develop and enforce a school policy on tobacco use. The policy, developed in collaboration with students, parents, school staff, health professionals, and school boards, should:

- Prohibit students, staff, parents, and visitors from using tobacco on school premises, in school vehicles, and at school functions.
- Prohibit tobacco advertising (e.g., on signs, T-shirts, or caps or through sponsorship of school events) in school buildings, at school functions, and in school publications.
- Require that all students receive instruction on avoiding tobacco use.

- Provide access and referral to cessation programs for students and staff.
- Help students who violate smoking policies to quit smoking rather than just punishing them.

2 Instruction

Provide instruction about the short- and long-term negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills. This instruction should:

- Decrease the social acceptability of tobacco use and show that most young people do not smoke.
- Help students understand why young people start to use tobacco and identify more positive activities to meet their goals.
- Develop students' skills in assertiveness, goal setting, problem solving, and resisting pressure from the media and peers to use tobacco.

Programs that only discuss tobacco's harmful effects or attempt to instill fear do not prevent tobacco use.

3 Curriculum

Provide tobacco-use prevention education in grades K–12.

- This instruction should be introduced in elementary school and intensified in middle/junior high school, when students are exposed to older students who typically use tobacco at higher rates.
- Reinforcement throughout high school is essential to ensure that successes in preventing tobacco use do not dissipate over time.

4 Training

Provide program-specific training for teachers. The training should include reviewing the curriculum, modeling instructional activities, and providing opportunities to practice implementing the lessons. Well-trained peer leaders can be an important adjunct to teacher-led instruction.

5 Family Involvement

Involve parents or families in supporting school-based programs to prevent tobacco use. Schools should:

- Promote discussions at home about tobacco use by assigning homework and projects that involve families.
- Encourage parents to participate in community efforts to prevent tobacco use and addiction.

6 Tobacco Cessation Efforts

Support cessation efforts among students and school staff who use tobacco. Schools should provide access to cessation programs that help students and staff stop using tobacco rather than punishing them for violating tobacco-use policies.

7 Evaluation

Assess the tobacco-use prevention program at regular intervals. Schools can use CDC's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction to assess whether they are providing effective policies, curricula, training, family involvement, and cessation programs.

References

1. Substance Abuse and Mental Health Services Administration. Summary of findings from the 2001 National Household Survey on Drug Abuse: Volume II. Technical appendices and selected data tables. Rockvill, MD: U.S. Department of Health and Human Services, 2002;NHSDA Series H-18;DHHS publication no. (SMA) 02-3759.
2. CDC. Office on Smoking and Health, 2002 calculations based upon: Smoking attributable mortality and years of potential life loss—United States, 1984. *Morbidity and Mortality Weekly Report* 1997;46:444-451.
3. CDC. Preventing Tobacco Use Among Young People, A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, 1994.
4. CDC. Cigar smoking among teenagers—United States, 1996, and two New York counties, 1996. *Morbidity and Mortality Weekly Report* 1997;46:433-440.
5. CDC. Secondhand smoke exposure among middle and high school students—Texas, 2001. *Morbidity and Mortality Weekly Report* 2003;52(8):152-154.
6. Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. *Journal of the American Medical Association* 2004;291:1238-1245.
7. CDC, National Center for Injury Prevention and Control, Office of Statistics and Programming. Web-based Injury Statistics Query and Reporting System (WISQARS). Online at <http://www.cdc.gov/ncipc/wisqars/>. Accessed April 30, 2004.
8. Grunbaum JA, Kann L, Kinchen S, Ross J, Hawkins J, Lowry R, et al. Youth Risk Behavior Surveillance—United States, 2003. *Morbidity and Mortality Weekly Report* 2004;53(SS-2):1-95.
9. CDC. Youth Risk Behavior Surveillance, 2003. Unpublished data.

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